

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90112 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000108534**

1. Entity Name  
**HURRICANE HYDRO, INC.**

Principal Place of Business: **7825 CAPWOOD AVE. TAMPA, FL 33637**  
 Mailing Address: **7825 CAPWOOD AVE. TAMPA, FL 33637**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



**90135012**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **16-1632936** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLORENCIANI, ANGEL**  
**7825 CAPWOOD AVE.**  
**TAMPA, FL 33637**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Angel Florenciani* DATE: **5/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEES \$150.00**  
 After May 1, 2003 Fee will be \$590.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: <b>HARVIN, ANTHONY</b> STREET ADDRESS: <b>7825 CAPWOOD AVE.</b> CITY-ST-ZIP: <b>TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: <b>HARVIN, TONY</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>WHITING, STEVEN</b> STREET ADDRESS: <b>7825 CAPWOOD AVE.</b> CITY-ST-ZIP: <b>TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>FLORENCIANI, ANGEL</b> STREET ADDRESS: <b>7825 CAPWOOD AVE.</b> CITY-ST-ZIP: <b>TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven A. Whiting* DATE: **5/9/03** (813) 9880859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)